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FAX TRANSMISSION**DATE:** April 4, 2007**PTO IDENTIFIER:** Application Number 10/731,260-Conf. #4703
Patent Number**Inventor:** Gunar LORENZ**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP
John S. Curran**PHONE:** (617) 227-7400**Attorney Dkt. #:** CVZ-020RCE**PAGES (Including Cover Sheet):** 9**CONTENTS:** Request for Continued Examination Transmittal (1 page in duplicate)
Fee Transmittal (1 page in duplicate)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)
Request for Change of Attorney Docket Number (1 page)
Charge \$905.00 to deposit account 12-0080
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/731,260

Attorney Docket No.: CVZ-020RCE

Certificate of Transmission under 37 CFR 1.8

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on April 4, 2007
Date



Signature

John S. Curran

Typed or printed name of person signing Certificate

50,445

Registration Number, if applicable

(617) 227-7400

Telephone Number

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Request for Continued Examination Transmittal (1 page in duplicate)
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005/009

APR 04 2007

PTO/SB/17 (02-07)
Approved for use through 02/28/2007. OMB 0851-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4915). FEE TRANSMITTAL For FY 2007		Complete If Known Application Number 10/731,280-Conf. #4703 Filing Date December 5, 2003 First Named Inventor Gunar LORENZ Examiner Name P. Dinh Art Unit 2825 Attorney Docket No. CVZ-020RCE	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 905.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																			
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)												
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)													
Utility	300	150	500	250	200	100													
Design	200	100	100	50	130	65													
Plant	200	100	300	150	160	80													
Reissue	300	150	500	250	600	300													
Provisional	200	100	0	0	0	0													
2. EXCESS CLAIM FEES							Small Entity												
Fee Description							Fee (\$)												
Each claim over 20 (including Reissues)							50												
Each independent claim over 3 (including Reissues)							200												
Multiple dependent claims							360												
<table border="0"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims						Fee (\$)	Fee Paid (\$)	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims															
				Fee (\$)	Fee Paid (\$)														
HP = highest number of total claims paid for, if greater than 20.																			
<table border="0"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)									
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																
HP = highest number of independent claims paid for, if greater than 3.																			
3. APPLICATION SIZE FEE																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																			
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)													
		- 100 =	/50 (round up to a whole number) x																
4. OTHER FEE(S)																			
Non-English Specification, \$130 fee (no small entity discount)						385.00													
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...						510.00													
2253 Extension for response within third month.																			

SUBMITTED BY Signature <u>John S. Curran</u> Registration No. 50,445 Telephone (817) 227-7400 Name (Print/Type) John S. Curran Date April 4, 2007	
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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: April 4, 2007 Signature: <u>John S. Curran</u> (John S. Curran)	
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Dated: April 4, 2007

Signature: 

(John S. Curran)

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Docket No.: CVZ-020RCE
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Gunar Lorenz

Application No.: 10/731,260

Confirmation No.: 4703

Filed: December 5, 2003

Art Unit: 2825

For: SYSTEM AND METHOD FOR THREE-
DIMENSIONAL VISUALIZATION AND
POSTPROCESSING OF A SYSTEM MODEL

Examiner: P. Dinh

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBERMS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed.
Please take notice that the Attorney Docket Number for this application should now be as follows:

CVZ-020RCEPlease reference **CVZ-020RCE** on all future correspondence.

Dated: April 4, 2007

Respectfully submitted,

By 
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